

### Agenda Item 3.v

Report to:	Board of Directors	Date: 2 September 2021
Report from:	Dr Martin Goddard, Guardian of Safe Working on behalf of the Medical Director	
Principal Objective/ Strategy and Title	Organisational Culture Yearly Report on Safe Working Hours: Doctors and Dentists in Training (August 2020 – April 2021)	
Board Assurance Framework Entries	Unable to provide safe, high quality care	
Regulatory Requirement	2016 Medical Terms and Conditions of Service for Doctors and Dentists in Training (Version 9 April 2021)	
Equality Considerations	None believed to apply	
Key Risks	Failure to maintain or develop the Trust's Safety Culture	
For:	Information	

#### Introduction

This report covers much of the period of the crisis which has seen exceptional pressures on the Trust and all staff groups. The junior medical staff have demonstrated a highly patient focussed response and undertaken redeployment into new clinical areas with changes to their working patterns. Throughout, the working patterns have been reviewed to ensure compliance with terms of the Working Time Directive and New Contract which have largely been achieved although some interval rest periods have fallen short on a few occasions, although overall hours have been acceptable.

There was little over exception reporting during this period, as agreed, but with a return to business as usual, normal working patterns have been introduced. There have been some significant changes introduced following consultation with the Junior doctors including a hospital at night model of working.

Changes have been made to SPR working in Cardiology to provide more middle grade cover at weekends reflecting activity predominantly in PPCI.

Adjustments have been made in respiratory rotas although challenges remain due to different working practices in the sub-specialty areas.

Additional hours have been agreed and implemented for the surgical SPRs to ensure safe levels of cover and adequate educational opportunities can be maintained.

#### Exception Reports (ER) over past year

	14/08/20
	-
Reference period of report	16/04/21
Total number of exception reports received	84
Number relating to immediate patient safety issues	0
Number relating to hours of working	80
Number relating to pattern of work	0
Number relating to educational opportunities	1
Number relating to service support available to the doctor	3

**Note:** Within the system, an exception relating to hours of work, pattern of work, educational opportunities and service support has the option of specifying if it is an Immediate Safety Concern (ISC). ISC is not an exception type by itself.

**Please note:**

There is a pause in exception reporting between 27/12/2019 to 14/08/2020.

Exception reports since being resumed have been slightly increased. There are no specific patterns identified and the majority arise from the most junior members of the team. In discussion with the junior doctor’s forum, most have related to work pressures and the need to stay on to complete expected activity particularly within surgery.

ER outcomes: resolutions	
Total number of exceptions where TOIL was granted	18
Total number of overtime payments	10
Total number of work schedule reviews	12
Total number of reports resulting in no action	1
Total number of organisation changes	11
Compensation	0
Unresolved	75
<b>Total number of resolutions</b>	<b>52</b>
<b>Total resolved exceptions</b>	<b>29</b>

**Note:**

\* Compensation covers obsolete outcomes such as 'Compensation or time off in lieu' and 'Compensation & work schedule review'.

\* Some exceptions may have more than 1 resolution i.e. TOIL and Work schedule review.

\* Unresolved is the total number of exception where either no outcome has been recorded or where the outcome has been recorded but the doctor has not responded.

There are a high number of unresolved reports on the system. This does not reflect the overall system as many of the Educational Supervisors who complete the stage 1 reviews were unclear as to how to use the system and close down a report in the system. This has now been addressed and largely resolved, however we continue to monitor this and provide support to the ES’s as necessary. Some have arisen because I have been identified as the Educational Supervisor and need to be re-aligned. Each junior doctor should have an assigned ES on the system identified when they arrived and this appears to be an administrative issue within medical staffing.

Reasons for ER over last period by specialty & grade							
ER relating to:	Specialty	Grade	No. ERs carried over from last report	No. ERs raised	No. ERs closed	No. ERs outstanding	
Immediate patient safety issues	Cardiology	CT		0	0	1	
		1					
<b>Total</b>				<b>0</b>	<b>0</b>	<b>1</b>	
No. relating to hours/pattern	Cardiology	CT		0	0	1	
		2					
	Cardiology	FY1		12	1	15	
	Cardiology	FY2		31	7	25	
	Cardiology	FY2					
		*		0	0	1	
	Cardiology	ST6					
		*		1	0	1	
	Cardio-thoracic surgery	FY2		10	8	2	
	Respiratory	CT					
	Medicine	1		0	0	2	
	Respiratory						
	Medicine	FY1		3	0	3	
	Respiratory						
	Medicine	FY1		6	0	6	
	Respiratory						
	Medicine	FY2		8	6	3	
	Respiratory	FY2					
	Medicine	*		1	0	1	
Respiratory							
Medicine	ST4		1	0	1		
Surgical specialties	FY2		7	6	3		
Thoracic medicine	FY2		0	0	4		
<b>Total</b>				<b>80</b>	<b>28</b>	<b>68</b>	
No. relating to educational opportunities	Cardiology	CT		0	0	3	
		1					
Cardiology	FY1		1	1	0		
<b>Total</b>				<b>1</b>	<b>1</b>	<b>3</b>	
No. relating to service support available	Cardiology	CT		0	0	1	
		1					
Cardiology	FY1		3	0	3		
<b>Total</b>				<b>3</b>	<b>0</b>	<b>4</b>	

The majority of reports relate to hours of work and in cardiology reflects cath lab activity particularly the acute admission pathways which have been higher than historically and affect the most junior members of the team. Discussions are planned to review the roles of non-medical staff in these pathways whilst ensuring that the educational opportunities are not lost.

### **Other Issues**

The most important outstanding concern for the junior medical staff is the failure of the Trust to provide a mess facility.

The Trust before the move signed up to the BMAs charter including the provision of a mess facility which was not included in the plans or build.

A space was identified on level 3 and agreed with the Junior doctors but by the time the work was scheduled, the plans had been changed although it is not clear how this occurred, but resulted in an unacceptable solution and the work was not undertaken. Efforts continue to be made to identify a suitable space but there remains no resolution more than two years following the move.

Central monies have been provided to assist with the fitting out of the facility and we have been able to role this money forward into this financial year but will lose it if it is unused.

It is disappointing that there remains no identified space, nor implementation plan despite the promises and assurances that have been given and is a source of frustration to the junior medical staff and has been highlighted in the GMC survey.

**Recommendation:**

**The Board of Directors is requested to note the contents of this report.**